

1 PLACE OF DEATH

County Ray
Township Grape Grove
or
Village
or
City

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
Registration District No. 914 File No. 02848
Primary Registration District No. 6235 Registered No. 28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Oliver Petley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
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6 DATE OF BIRTH March 19
(Month) 1864 (Day) 1864 (Year)

7 AGE 54 yrs. 9 mos. 18 ds.
If LESS than
1 day.....hrs.
or.....min.?

8 OCCUPATION
(a) Trade, profession, or
particular kind of work Farmer
(b) General nature of industry
business, or establishment in
which employed (or employer) General

9 BIRTHPLACE
(City or town,
State or foreign country) Ray Co. Mo.

10 NAME OF
FATHER John Henry Petley

11 BIRTHPLACE
OF FATHER Kentucky
(City or town, State or foreign country)

12 MAIDEN NAME
OF MOTHER Magdalene Melvin Haney

13 BIRTHPLACE
OF MOTHER Penn.
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S.C. Petley
(Address) Newtown, Mo.

15 Filed Jan 23 1919 W. E. Gant
Registrar

16 MEDICAL CERTIFICATE OF DEATH
17 I HEREBY CERTIFY, that I attended deceased from Dec. 7, 1918, to Jan. 7, 1919,
that I last saw him alive on Jan. 7, 1919,
and that death occurred, on the date stated above, at 10:25 P.M.

The CAUSE OF DEATH* was as follows:
acute Nephritis
11/13
12/13 10

(Duration) 17 yrs. mos. 17 ds.

CONTRIBUTORY Influenza
(Secondary) (Duration) 10 yrs. mos. 10 ds.

(Signed) J.C. Kilbourn M. D.
Jan. 8, 1919 (Address) Cowgill, Mo.

*State the Disease Causing Death, or, in death from Violent Causes, state
1 Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients,
or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Cowgill, Mo. DATE OF BURIAL Jan 9th, 1919

20 UNDERTAKER C.A. Reed ADDRESS Cowgill, Mo.

Revised United States Standard Certificate of Death

Approved by U. S. Census and American Public Health Association.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: "Farmer (retired 6 yrs.)" For persons who have no occupation, whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

NAME	MATERIAL	PARENTS	IN THE CASE OF INFANTS	MATERIAL	IN THE CASE OF INFANTS
CHIEF COLOR	AGE AT DEATH	MATERIAL OF MOTHER	NAME OF MOTHER	CHIEF COLOR	NAME OF MOTHER
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
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